

Brighton Dam Hike

2 Brighton Dam Rd, Brookeville, MD 20833

***Wear comfortable clothing &
comfortable athletic/hiking shoes!
Bring water and lunch or snacks!
Sunscreen & hat are recommended.
Optional lunch is provided.***



Questions?

Call Maura Dinwiddie or Sara Morgan at 301-258-6350 or 301-258-6440
mdinwiddie@gaitHERSBURGMD.gov, smorgan@gaitHERSBURGMD.gov

Monday, August 8, 2016

9:00am-1:00pm

The trip returns at 1:00pm, but the Youth Center will be open until 6pm.

**Depart from/Return to
Olde Towne Youth Center**

**301 Teachers Way
Gaithersburg, MD 20877**

**GYC & Student Union Members
Grades 6-12**

FREE!!!!



Brighton Dam Hike - GYC & Student Union Trip 8-8-16

☐ Check here if new address/phone since last time registered.

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ City Resident ☐ Nonresident ☐

Email _____

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Start Date	Grade	School
			Brighton Dam	45665	OTYC	8/8/16		
			Brighton Dam	45665	OTYC	8/8/16		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Parent/Guardian Name

Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐
Please specify:

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Office Use Only: # 45665

Rec'd: _____ Initials _____

W P M F Resident: **Y** **N**

Pr: _____ Date: _____